SERIAL NO. FILING DATE **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. OEP. IND. DEP. BEST AVAILABLE COPY TOTAL IND. TOTAL _1 Į TOTAL DEP. TOTAL DEP. 2 <u>0</u> TOTAL * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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